

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11445.

State File No.

3388

FILED APR 10 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis Mo		c. LENGTH OF STAY (in this place) <i>Cops 2, Md. 12 days</i>		c. CITY OR TOWN St. Louis Mo		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. City Infirmary Hospital				e. STREET ADDRESS (If rural, give location) 5600 Arsenal St				2139	
3. NAME OF DECEASED (Type or Print) Nellie		a. (First)		b. (Middle)		c. (Last) Dean			
4. DATE OF DEATH (Month) (Day) (Year) 3 29 53		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow			
8. DATE OF BIRTH Sept. 26, 1882		9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none			
11. BIRTHPLACE (City and State or Foreign Country) Ireland		12. CITIZEN OF WHAT COUNTRY? 4		13a. FATHER'S NAME Michael Ahern		13b. MOTHER'S MAIDEN NAME Julia Cullinan			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. N. Ahrens			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <i>arteriosclerotic heart disease</i> ANTECEDENT CAUSES: <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>yes</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 4 20 0			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <i>July 1, 1953</i> to <i>3/29, 1953</i> , that I last saw the deceased alive on <i>3/29, 1953</i> , and that death occurred at <i>8:05 AM</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>William M. Ahrens M.D.</i> (Degree or title)				23b. ADDRESS City Infirmary		23c. DATE SIGNED 3/29/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3-31-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.			
DATE REC'D BY LOCAL REG. MAR 30 1953		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOUTHERN FUNERAL HOME 8822 S. GRAND BLVD. ST. LOUIS 12, MO.					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Vaughan Fossan*.....

Licensed Embalmer No. *434*

P. O. Address *6311 S. 1st St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.